



AFTERCARE MEETINGS REPORT

Participant's Name: _____ Date attended: _____

Group Name: _____ Group Location: _____

Type of Group:	AA	Speaker	Open
	NA	Discussion	Closed
	ANIR	Step	
	Other	Big Book Study	

What was the subject of the meeting? _____

What in the talk or comments applies to you? _____

What did you learn from this meeting? _____

Participant's signature: _____

Please complete **one** (1) of the following:

1. Obtain the AA/NA/Support Group Leader's (the chairman or secretary) signature. The first name and last initial is sufficient.

Signature: _____

2. Aftercare Coordinator's comments regarding Participant's involvement in this Aftercare meeting: _____

Aftercare Coordinator's signature: _____